

STATE BEVERAGE ALCOHOL PERSONNEL STATEMENT

(Please type or print)

This form must be completed by the following persons and submitted with all liquor license applications: (1) licensee; (2) anyone with an ownership interest in the business, either direct or indirect; and (3) in the case of a corporation, the president, vice president, secretary, and treasurer. This form may be required of others in the discretion of the Commissioner as provided under Regulations 560-2-2-.09 and 560-2-7-.11. **EACH QUESTION MUST BE FULLY ANSWERED.** If additional space is required, attach an additional sheet of paper.

1	LAST NAME		FIRST	MI	SOCIAL SECURITY NO.	
2	DATE OF BIRTH / /		RACE	<input type="checkbox"/> MALE	OR	<input type="checkbox"/> FEMALE
3	HOME ADDRESS (Actual Physical Location of Residence; Do Not Use P.O. Box)					
	CITY		STATE	ZIP + 4	HOME PHONE ()	
4	ADDRESS FOR DAY CONTACT – NUMBER AND STREET (Do not use P.O. Box)					
	CITY		STATE	ZIP + 4	PHONE FOR DAY CONTACT ()	
5	ARE YOU MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PROVIDE FOLLOWING FOR SPOUSE:					
	LAST NAME		FIRST	MI	SOCIAL SECURITY NO.	
6	ARE YOU A RESIDENT OF GEORGIA? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES", HOW LONG YEARS MONTHS					
7	HAVE YOU EVER BEEN ARRESTED, INDICTED, OR CONVICTED FOR ANY OFFENSE BY ANY STATE, COUNTY, CITY, FEDERAL, OR FOREIGN GOVERNMENTAL AUTHORITY? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF "YES", GIVE FULL DETAILS. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. GIVE REASONS CHARGED OR HELD, DATE, PLACE WHERE CHARGED AND DISPOSITION. FAILURE TO MAKE FULL DISCLOSURE IN RESPONSE TO THIS QUESTION MAY RESULT IN DENIAL OR SUBSEQUENT REVOCATION OF THE LICENSE.					
8	HAVE YOU EVER HAD ANY BENEFICIAL INTEREST IN ANY OTHER ALCOHOLIC BEVERAGE BUSINESS IN THIS OR ANY OTHER STATE IN WHICH THE ALCOHOL LICENSE WAS DENIED OR REVOKED OR ANY OTHER DISCIPLINARY ACTION WAS TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO ("Beneficial Interest" as used here means: when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest, or derives economic benefit from, or has control over a business.) IF "YES", COMPLETE THE FOLLOWING:					
	ALCOHOL LICENSE NO.		% AND TYPE INTEREST			
	LEGAL BUSINESS NAME					
	TRADE NAME / DBA NAME					
	NUMBER AND STREET					
	CITY		COUNTY	STATE	ZIP +4	
	DESCRIBE WHAT ACTION WAS TAKEN:					

SIGNATURE SECTION

BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY, COMPLETELY AND CORRECTLY. THIS STATEMENT IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND IT INCLUDES ALL ATTACHED SHEETS HERewith. STAMPED SIGNATURE IS NOT ACCEPTABLE.

I, _____, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENT AND ANSWERS MADE BY ME IN THE FOREGOING PERSONNEL STATEMENT ARE TRUE AND CORRECT. ALSO, I HEREBY AUTHORIZE THE GEORGIA DEPARTMENT OF REVENUE, ALCOHOL & TOBACCO LAW ENFORCEMENT UNIT TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

Signature

I HEREBY CERTIFY THAT _____ SIGNED HIS NAME TO THE FORGOING STATEMENT AFTER STATING TO ME UNDER OATH ADMINISTERED BY ME, THAT ALL STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC

AFFIX SEAL